



CIRCLE OF SUPPORT (COS) REFERRAL

Purpose: Use this form to refer a youth for an initial or follow-up Circle of Support (COS) meeting.

Directions: Fill out as much of this form as possible. Write "N/A" if something does not apply. Email the completed form to the referral mailbox for the region. For a list of referral mailboxes, visit the [Family Group Decision Making \(FGDM\) Contacts](#) page on the Safety Net.

For the youth's initial COS, this form should be submitted when the youth is about age 15 ½ and another referral submitted around 2–3 months before a follow-up COS.

Additionally, ensure the youth has the required personal documents *before* the youth turns 16 (see the instructions in the *Personal Documents* section, below).

YOUTH INFORMATION					
Legal Name:		Date of Birth:		Age:	Phone Number:
Preferred Name:				Preferred Gender Pronouns:	
Legal Region:	Grade Level:	Primary Language:	Legal Status: <input type="checkbox"/> TMC <input type="checkbox"/> PMC		Email:
Removal Date:	Level of Care:	Case ID:	Person ID:	Type of COS: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	

PLACEMENT INFORMATION			
Name:		Phone Number:	Email:
Address:		Placement Type:	Placement Region:

CPS INFORMATION		
Region:		Unit:
Caseworker's Name:	Caseworker's Phone Number:	Caseworker's Email:
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Email:
Local Permanency Specialist's Name:		Local Permanency Specialist's Email:
PAL Staff's Name:		PAL Staff's Email:



YOUTH SUMMARY

Attach the most recent court report with this referral and complete this section, including any recent changes.

Reason for removal:

Safety, well-being, and permanency needs:

Needs for successful transition to adulthood:

Possible barriers to a successful transition to adulthood (such as high risk behaviors, housing, pending placement change, mental health needs, trauma triggers, or medication compliance issues):



BIRTH FAMILY INFORMATION

Complete this section even if parental rights are terminated. Use the *Additional Information Helpful to Planning* section of this referral to inform FGDM if contact is restricted (such as by court).

Mother's Name:	Mother's Address:	Mother's Phone Number:	Mother's rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name:	Father's Address:	Father's Phone Number:	Father's rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Siblings' Names:	Siblings' Addresses:	Siblings' Phone Numbers:	

POTENTIAL PARTICIPANTS

The youth needs supportive adults to help the youth successfully transition to adulthood. Having lasting relationships beyond the youth's time in foster care will have a positive effect on the youth's long-term success. The COS is an inclusive process and the COS facilitator can assist with increasing the youth's supports.

List all potential COS participants. These should be people who are important to the youth, such as family members, friends, neighbors, teachers, mentors, and other community members, as well as CASA, attorneys, and therapists.

Name:	Relationship to Youth:	Phone Number:	Email:
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PERSONAL DOCUMENTS

Check the boxes below if the youth already physically possesses any of these personal documents.

Required **before** age 16:

- ☐ Original birth certificate or certified copy
- ☐ Social Security card or replacement card
- ☐ Driver license or personal identification card issued by the Texas Department of Public Safety

Required at least 30 days **before** age 18:

- ☐ Original birth certificate or certified copy*
- ☐ Social Security card or replacement card*
- ☐ Driver license or personal identification card issued by the Texas Department of Public Safety *
- ☐ Immunization records
- ☐ Information contained in the youth's health passport
- ☐ Medicaid card

*Items marked with an asterisk are not required again if still in the youth's possession, but this must be verified.

Make every attempt to provide the youth with the required documents before the COS meeting. If this is not possible, bring the documents and appropriate form to the meeting.

To obtain the youth's birth certificate, follow steps in [1520 Obtaining Certified Birth Certificates and Screen-Printing Birth Records](#). For additional help and trouble-shooting, contact the supervisor, COS facilitator, or the youth's CASA or attorney ad litem.

For the Social Security card, contact the regional [SSI coordinator](#) or other regional staff to process the request.

When a youth in DFPS conservatorship receives the required personal documents, the youth, caregiver, and DFPS caseworker must sign either [Form 2527](#) (age 15) or [Form 2528](#) (age 18) Personal Documents Checklist.

ADDITIONAL INFORMATION HELPFUL TO PLANNING

The youth has the following issues (check all that apply):

- ☐ Intellectual and developmental disability (IDD)
- ☐ Citizenship needs
- ☐ Long-term health needs or chronic condition
- ☐ Risk of runaway
- ☐ Sex offender status
- ☐ Pregnant or parenting
- ☐ Juvenile justice involvement
- ☐ Contact restrictions (please specify):

☐ Other (please specify):